EXHIBIT 3



MATT SCHULTZ Secretary of State State of Iowa

258465

STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

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Pursuant to lowaraw, the undersigned submits this c	2(Sighight io custing the adsitiass altifit a redistarca attice arimal redistarca
and a live in the contract of	farth for a farmer to the before the particular and defending below.
agent in lows. Read the instructions on the back of	of this form before completing the information and signing below.

agent in 1946. Read the interesting of the back of the local manage out the last the back of the local management of the local
1. The name of the business entity is: The Iour Primate Learning Sanctuary aba Great Apertmen
Sandwary aba Great Apatrust
2. The address of the CURRENT registered OFFICE, as indicated on the Secretary of State's records is:
4200 JE 44th Ave Des Moines IA 50320 State State State
ORBOLARUISES CAY Suite of
3. The address of the NEW registered OFFICE is:
4200 SE HHA Are Das Maines. IA 50320 Street Address City State Zp
Street Address City State Zp
4. The <u>name</u> of the CURRENT registered AGENT as indicated on the Secretary of State's records is:
Susan A MCKee (If more Inan one AGENT is registered, indicate which one is being replaced.)
(If more than one AGENT is registered, indicate which one is being replaced.) .
5. The name and email address of the NEW registered AGENT is:
Sue Savage Kumbaugh Rama Email Address Email Address
6. If the REGISTERED AGENT has changed, the NEW Registered Agent must sign here, consenting to their
appointment, or attach their written consent to this form.
Signature of NEW Registered Agent
Complete ONLY If the Registered Agent changes.
7. If the REGISTERED AGENT changes the street address of their business office on this form, the Registered Agent
must sign here indicating that NOTICE of the change has been given to the business entity.
Signature of Registered Agent
Complete ONLY if the Registered Agent changes the street address of their business office.
8. After any/all change(s) are made, the street address of the registered office and the street address of the business of the registered agent will be identical. See Botton Communication See Botton See Botton See Botton Communication See Botton See Bott
9. Signature by authorized* representative:
515 - 537 - 300 13
PRINT Name and Title: Sue Savage - Rum baugh () 537-3000 Execusive Director Execusive Director



MATT SCHULTZ Secretary of State State of Iowa

STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

Pursuant to lowe law, the undersigned submits this Statement to change the business entity's registered office and/or	registered
agent in lows. Read the instructions on the back of this form before completing their formation and signing below.	

1 The name of the husback entitle The I Toward Primate Leavening	
1. The name of the business entity is: The Iou a Primate Learning Sanahuang aba Grant Apartitust	
2. The address of the CURRENT registered OFFICE, as indicated on the Secretary of State's records is:	
4200 58 44th Dow Das Moines IA 50320	
Shreat Addisses City Steins	
3. The address of the NEW registered OFFICE is:	
4200 SE 4414 Am Des Moines IA 50320 Street Address City State Street Address	
Street Address City State Zap	
4. The name of the CURRENT registered AGENT as indicated on the Secretary of State's records is:	
(if more than one Agran' is registered, indicate which one is being replaced.)	
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5. The name and email address of the NEW registered AGENT is:	
Sur Saverya - Romandany Ernall Address	
6. If the REGISTERED AGENT has changed, the NEW Registered Agent must sign here, consenting to their appointment, or attach their written consent to this form.	
dipolitical distribution of the state of the	
Signature of NEW Registered Agent	
Complete ONLY If the Registered Agent changes. FILED IOWA	
7. If the REGISTERED AGENT changes the street address of their business office on this fo SECRETARY OF STATE	
must sign here indicating that NOTICE of the change has been given to the business entity. $1-24-12$ $8:25AM$	
Signature of Rapistered Agent V772060	
Complete ONLY if the Registered Agent changes the street address of their business office.	
8. After any/all change(s) are made, the street address of the registered office and the street address of the nusurescondines of the registered mant will be identical.	
B. Signature by authorized* representative:	
PRINT Name and Tibe: Sue Saven - Rumbough (513) 537 - 3000 Name and Tibe Director	
Exactive Director	